

Colorado Department of Labor and Employment
Unemployment Insurance Operations
P.O. Box 400, Denver, CO 80201-0400
303-318-9000 (Denver-metro area) or 1-800-388-5515 (outside Denver-metro area), Fax 303-318-9014

Print or type complete name and mailing address below

Date
Due Date

VERIFICATION OF PERSONAL INFORMATION

Mail or fax this form to Unemployment Insurance (UI) Operations. A completed and signed form must be received by the above **Due Date**. If this form is received after the **Due Date**, **benefits will not be paid for the weeks before the week in which the form is received** unless you show good cause, as defined by the Regulations Concerning Employment Security 12.1.8, for the late return.

Review the information you provided when you filed your UI claim. If anything is incorrect, cross out the error and write the correct information. Information you provide, including your social security number, is verified. Giving false information in order to obtain UI benefits is against the law.

Social Security Number	Date of Birth	Telephone Number
Are you a United States (U.S.) citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , verify or provide your alien permit number.		Alien Permit Number
If not a U.S. citizen, do you have lawful authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
To be eligible for UI benefits, you must have one of the following types of identification (ID) and provide its valid ID number and the expiration date, if any, to UI Operations. Check the box beside the type of ID you have.		
<input type="checkbox"/> Colorado Driver's License/Colorado ID Card	<input type="checkbox"/> Native American Tribal Document	
<input type="checkbox"/> U.S. Military Card/Military Dependent ID Card	<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card	
<input type="checkbox"/> Other State or Canadian Driver's License/Other State ID Card Issued by _____		
Provide the ID number and the expiration date, if any, for the type of ID you checked.		
ID Number _____		Expiration Date _____

Affirmation

I affirm under penalty of perjury that the above information is true, correct, and complete to the best of my knowledge. I understand my lawful presence in the U.S. is verified before UI benefits are paid. I affirm that I am a U.S. citizen, a legal permanent resident, or otherwise lawfully present in the U.S. I understand there are severe penalties for providing false statements and willfully misrepresenting information in order to obtain or increase UI benefits. I authorize the release of any and all information necessary to determine my eligibility for UI benefits and to establish a debit-card account for the payment of UI benefits. I understand this may include releasing information to former employers, state and federal agencies for verification purposes, and the Colorado Department of Labor and Employment's financial institution. Information may also be shared with other public agencies in accordance with the Colorado Employment Security Act 8-72-107 (1).

Sign and date below that you read and understood the **Affirmation**.

Signature	Date
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If you made any corrections to your personal information printed on this form, check this box. ☐

Office Use Only

Claimant Social Security Number	First Four Letters of Last Name	Benefit-Year-Begin Date	Benefit-Year-End Date
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